

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	AT		8-14-00
O.I.P.E. CLASSIFIER			
FORMALITY REVIEW	DM	18223	10/5/00
RESPONSE FORMALITY REVIEW			

## INDEX OF CLAIMS

✓ ..... Rejected      N ..... Non-elected  
 = ..... Allowed      I ..... Interference  
 - (Through numeral).... Canceled      A ..... Appeal  
 ÷ ..... Restricted      0 ..... Objected

Claim	Date
Final	
Original	
1	11/20/03
2	✓
3	✓
4	✓
5	✓
6	✓
7	✓
8	✓
9	✓
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Claim	Date
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Claim	Date
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If more than 150 claims or 10 actions  
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Best Available Copy